

## Infertility

### Summary of Methods and Data for Estimate of Costs of Illness

- |   |                     |
|---|---------------------|
| 1. Estimated Total Economic Cost  | Not Available       |
| Estimated Direct Cost   | \$ 1.0 billion      |
| Estimated Indirect Cost   | Not Available       |
| Reference Year  | 1987                |
| IC Providing the Estimate   | NIEHS               |
|   |                     |
| Direct Costs Include: Other related nonhealth costs   | No                  |
| Indirect Costs Include:   |                     |
| Mortality costs   | No                  |
| Morbidity costs: Lost workdays of the patient   | No                  |
| Morbidity costs: Reduced productivity of the patient  | No                  |
| Lost earnings of unpaid care givers   | No                  |
| Other related nonhealth costs   | No                  |
| Interest Rate Used to Discount Out-Year Costs   | Not Available       |
| 2. Category code(s) from the International Classification of Diseases, 9th Revision, Clinical Modification, (ICD-9-CM) for all diseases whose costs are included in this estimate: <u>606, 628.</u> |                     |
| 3. Estimate Includes Costs:   |                     |
| Of related conditions beyond primary, strictly coded ICD-9-CM category  | No                  |
| Attributable to the subject disease as a secondary diagnosis  | No                  |
| Of conditions for which the subject disease is an underlying cause  | No                  |
| 4. Population Base for Cost Estimate (Total U.S. pop or other)  | Total U.S. pop.     |
| 5. Annual (prevalence model) or Lifetime (incidence model) Cost:  | Annual              |
| 6. Perspective of Cost Estimate (Total society, Federal budget, or Other)   | Insurance companies |
| 7. Approach to Estimation of Indirect Costs   | Human Capital       |
|   |                     |
| 8. <u>Source of Cost Estimate:</u> (Reference published or unpublished report, or address and telephone of person/office responsible for estimate)  |                     |

Infertility: Medical and Societal Choices, Congress of the United States, Office of Technology Assessment, Chapter 8, Pages 139-162, May 1988.

#### 9. Other Indicators of Burden of Disease:

According to the Centers for Disease Control and Prevention 7.1 percent of married couples, or 2.1 million, were infertile in 1995 compared with 2.3 million in 1988 and 2.4 million in 1982. Nevertheless, the number of reproductive age women (60.2 million) who used some kind of infertility service in 1995 was 15 percent (9.3 million) compared to 12 percent (6.8 million) in 1988. (Source: Vital and Health Statistics Series 23, No. 19.) Although infertility itself does not represent a serious public health threat, it carries significant personal, societal, and economic consequences that call for data surveillance and action. Diagnosis and treatment of infertility are very costly, time-consuming, and invasive, and they can place immense stress on marital and family relations.

#### 10. Commentary:

Treatments for infertility include initial diagnosis, infertility evaluations, tubal surgery, and *in vitro* fertilization (IVF). Using 1987 data, the OTA estimates the total expenditures on infertility to be the sum of the non-IVF (\$935 million) and IVF (\$66 million.) making the total medical expenditures on infertility to be \$1.0 billion. Private insurers paid 70% of these costs and patients paid 22% out-of-pocket, with the remainder paid from other sources. OTA did not estimate other costs such as time away from work.